

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # <u>10/517518</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ <u>50</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>50</u>
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	
<input type="checkbox"/> No Fee Due (Explanation):		9 <u>50-1275</u>	
10 REASON:			
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		<u>J. T.</u>	
SIGNATURE:		<u>J. T.</u>	
OFFICE:		<u>PTO</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED:		DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B